Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is ar amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on	Curtis		Donna			
	your government-issued picture identification (for	First name		First name			
	example, your driver's			Marie			
	license or passport).	Middle name	_	Middle name			
	Bring your picture identification to your	Silver		Ennist-Johnson			
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years						
	Include your married or maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3576		xxx-xx-7416			

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Case number (if known) Debtor 2 **Donna Marie Ennist-Johnson** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EIN EIN If Debtor 2 lives at a different address: Where you live 510 Blue Lake Drive Mebane, NC 27302 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Orange** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Check one: Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Curtis Silver

Debtor 1

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	tor 1 tor 2	Curtis Silver Donna Marie Enni	st-Johns	on			Case n	umber (if known)	
Par	t 2:	Tell the Court About	Your Bank	ruptcy Ca	se				
7.	Banl	chapter of the kruptcy Code you are osing to file under		10)). Also, er 7 er 11 er 12	rief description of each, see ago to the top of page 1 and c			C. § 342(b) for Individu	als Filing for Bankruptcy
8.	How	you will pay the fee	abo ord a p l ne The l re but app	but how yo er. If your re-printed eed to pay e Filing Fequest that is not required to you	the fee in installments. If ye in Installments (Official Forrt my fee be waived (You ma	re paying ayment on ou choose m 103A). The request may do so able to pay	the fee yourself, y your behalf, your e this option, sign this option only if your incor the fee in installr	you may pay with cash attorney may pay with and attach the <i>Applica</i> you are filing for Chapne is less than 150% onents). If you choose to	a, cashier's check, or money in a credit card or check with atton for Individuals to Pay oter 7. By law, a judge may, of the official poverty line that this option, you must fill out
9.	bank	e you filed for cruptcy within the 8 years?	□ No. ■ Yes.	District District District	Middle District of North Carolina Middle District of North Carolina See Attachment	_ When _ When _ When	8/14/19 5/17/19	Case number Case number Case number	19-80594 19-80365
10.	case filed not f you,	any bankruptcy so pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	■ No □ Yes.	Debtor District Debtor District		_ When		Relationship to y Case number, if Relationship to y Case number, if	known
11.	•	ou rent your dence?	■ No. □ Yes.	,	ne 12. ur landlord obtained an evicti No. Go to line 12. Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.	, 3	3 ,	nt Against You (Form	101A) and file it as part of

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	tor 1 Curtis Silver tor 2 Donna Marie Enni	ist-Johns	on		Case number (if known)		
Part	3: Report About Any Bu	ısinesses	You Ow	n as a Sole Propriet	or		
	Are you a sole proprietor of any full- or part-time	■ No.					
	business?	☐ Yes.	Nam	e and location of busi	ness		
	A sole proprietorship is a	⊔ Yes.		c and location of busi			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, State	e & ZIP Code		
	it to this petition.		Chec		to describe your business:		
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))		
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))		
				None of the above			
If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor or a most recent balance sheet, statement are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor or a debtor or a debtor or a debtor as defined by 11 U.S.C. § 1182(1)?				can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, he tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.			
	For a definition of small	■ No.	i aiii	not filing under Chapt	lei II.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.		
		☐ Yes.	I am choo	filing under Chapter 1 se to proceed under \$	11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.		
Part	4: Report if You Own or	Have Any	/ Hazard	ous Property or Any	Property That Needs Immediate Attention		
14.	Do you own or have any property that poses or is	No.					
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety?						
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?			
For example, do you own perishable goods, or livestock that must be fed, Whe or a building that needs urgent repairs?		Where i	is the property?				
	- ·				Number, Street, City, State & Zip Code		

Case 20-80567 Doc 1 Filed 12/28/20 Page 5 of 66 Debtor 1 **Curtis Silver** Debtor 2 **Donna Marie Ennist-Johnson** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed briefing about credit counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check counseling agency within the 180 days before I one of the following counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a certificate choices. If you cannot do a certificate of completion. so, you are not eligible to of completion. file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so.

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

I am currently on active military duty in a military

Active duty.

combat zone.

of credit counseling with the court.

Active duty.

military combat zone.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

П

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Debtor 1 Curtis Silver Debtor 2 Donna Marie Ennist-Johnson					Case number (if known)			
Par	t 6: Answer These Ques	stions for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b.					
		16b.	 ■ Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. 					
		16c.	☐ Yes. Go to line 17. State the type of debts you over	we that are not consu	mer debts or bu	siness deb	ts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and		are paid that funds will be ava	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expense are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		□ No □ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,0)		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000	
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$10,000,00° □ \$50,000,00°	00,001 - \$10 million 000,001 - \$50 million 000,001 - \$100 million ,000,001 - \$500 million		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion	
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$10,000,00° □ \$50,000,00°	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion	
Par	t 7: Sign Below							
For	you	I have ex	amined this petition, and I decl	lare under penalty of p	perjury that the i	information	provided is true and correct.	
			chosen to file under Chapter 7, ates Code. I understand the re				r Chapter 7, 11,12, or 13 of title 11, to proceed under Chapter 7.	
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
			relief in accordance with the cl				·	
		bankrupto and 3571	cy case can result in fines up to		onment for up to	20 years,	erty by fraud in connection with a or both. 18 U.S.C. §§ 152, 1341, 1519,	
		/s/ Curti Curtis S Signature			/s/ Donna Marie Donna Marie Signature of D	e Ennist-		
		Executed	on <u>December 28, 2020</u> MM / DD / YYYY		Executed on	Decemb MM / DD		

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Debtor 1 Debtor 2 Curtis Silver Donna Marie Enni	ist-Johnson	Case number (if known)					
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
to mo uno pago.	Isl Koury L. Hicks for LOJTO Signature of Attorney for Debtor	Date	December 28, 2020 MM / DD / YYYY				
	Koury L. Hicks for LOJTO 36204 Printed name The Law Offices of John T. Orcutt, PC Firm name 6616-203 Six Forks Road Raleigh, NC 27615 Number, Street, City, State & ZIP Code Contact phone (919) 847-9750 36204 NC Bar number & State	Email address	postlegal@johnorcutt.com				

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Debtor 1 Curtis Silver

Debtor 2 Donna Marie Ennist-Johnson Case number (if known)

Fill in this information to identify your case:					
Debtor 1	Curtis Silver First Name	Middle Name	Last Name		
Debtor 2	Donna Marie Enn	ist-Johnson			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	NORTH CAROLINA		
Case number _					
(if known)					

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Middle District of North Carolina	19-80594	8/14/19
Middle District of North Carolina	19-80365	5/17/19
Middle District of North Carolina	17-80872	10/20/17
Middle District of North Carolina	16-80563	6/24/16

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Fill	in this inform	ation to identify your cas	se:				
	otor 1	Curtis Silver					
DCL	7.01	First Name	Middle Name	Last Name			
	otor 2	Donna Marie Ennist-					
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Ban	kruptcy Court for the: _M	IIDDLE DISTRICT OF	NORTH CAROLINA			
Cas	se number						
(if kn	iown)					Check if	this is an
						amende	d filing
Su Be a	mmary of as complete ar rmation. Fill o	nd accurate as possible. ut all of your schedules f	If two married people irst; then complete the	ad Certain Statistical Information are filing together, both are equally responsible information on this form. If you are filing amend the box at the top of this page.	for su	ıpplying	
Par	t 1: Summa	rize Your Assets					
						Your ass	ets vhat you own
	Calaadula A/	D. Dunamanto (Official Fauna	400A (D)				
1.	1a. Copy line	B: Property (Official Form 55, Total real estate, from	Schedule A/B			\$	201,510.00
	1b. Copy line	62, Total personal propert	ty, from Schedule A/B			\$	10,140.00
	1c. Copy line	63, Total of all property or	Schedule A/B			\$	211,650.00
Dar	t 2: Summa	rize Your Liabilities					
ıaı	CZ. Sullilla	Tize Tour Liabilities					
						Your liab Amount y	
2.	Schodulo D:	Creditors Who Have Claim	as Socured by Proporty	(Official Form 106D)		,	
۷.				the bottom of the last page of Part 1 of <i>Schedule D.</i>		\$	274,145.44
3.	Schedule E/F	: Creditors Who Have Uns	secured Claims (Officia	Form 106E/F)			
•				s) from line 6e of Schedule E/F		\$	21,091.69
	3b. Copy the	total claims from Part 2 (n	nonpriority unsecured c	aims) from line 6j of Schedule E/F		\$	72,529.36
					_		·
				Your total liabilitie	s \$		367,766.49
Par	t 3: Summa	rize Your Income and Ex	penses				
4.		our Income (Official Form				\$	6,769.83
	Copy your co	mbined monthly income fr	om line 12 of S <i>chedule</i>	I		Ψ	0,1 00.00
5.		Your Expenses (Official Foonthly expenses from line 2				\$	5,512.00
Par	t 4: Answer	These Questions for Ad	ministrative and Stati	stical Records			
6.	-	g for bankruptcy under C have nothing to report on	• • •	neck this box and submit this form to the court with	your ot	her sched	dules.
	■ Yes						
7.		debt do you have?					
				debts are those "incurred by an individual primarily f g for statistical purposes. 28 U.S.C. § 159.	or a pe	rsonal, fa	mily, or
		bts are not primarily con		ve nothing to report on this part of the form. Check t	his box	and sub	mit this form to

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Debtor 1 Curtis Silver
Debtor 2 Donna Marie Ennist-Johnson Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,801.05

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	16,591.69
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	16,591.69

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	Od30 20 0030	77 Boot 1 Hea 12/20/20 1 a	gc II or oo	
Fill in this inform	mation to identify your case and th	is filing:		
Debtor 1	Curtis Silver			
D. I		Name Last Name		
Debtor 2 (Spouse, if filing)	Donna Marie Ennist-Johnson	on Last Name		
United States Ba	ankruptcy Court for the: MIDDLE D	ISTRICT OF NORTH CAROLINA		
Case number _				☐ Check if this is an amended filing
Official Fo	orm 106A/B			anonaca ming
Schedul	e A/B: Property	an asset only once. If an asset fits in more than one		12/15
information. If mor Answer every ques	re space is needed, attach a separate sistion. Each Residence, Building, Land, or Othave any legal or equitable interest in a	e. If two married people are filing together, both are neet to this form. On the top of any additional pages ther Real Estate You Own or Have an Interest In any residence, building, land, or similar property?		
	Lake Drive if available, or other description	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of an	cured claims or exemptions. Put y secured claims on <i>Schedule D:</i> ave Claims Secured by Property.
Mahana	NO 27202 0000	Manufactured or mobile home	Current value of	
Mebane City	NC 27302-0000 State ZIP Code	☐ Land ☐ Investment property	entire property? \$201,51	• •
,		☐ Timeshare ☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only	Describe the na	ture of your ownership interest ople, tenancy by the entireties, or known.
Orange		■ Debtor 2 only		
County		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this item property identification number:	(see instruction	s is community property ns)
		Valuation Method (Sch. A & B): 90% T	ax Value	
		r all of your entries from Part 1, including any number here		\$201,510.00
Dort 2. Docoribo	Vaur Vahialas			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 Debtor 2	Curtis Silver Donna Marie En	nist-Johnson		Case number (if known)	
3. Cars ,	vans, trucks, tractors,	sport utility vel	nicles, motorcycles		
□ No ■ Yes					
Ye Ap Ot VI St 14	her information: N: JHLRE48537C08 ate Farm Insurance 188347B0133A 19% Clean Trade		Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	the amount of any s	portion you own?
Mo Ye Ap Ot VI St	Ake: Ford Acadel: Ranger 2000 Approximate mileage: her information: N: 1FTYR14V9YTA8 ate Farm Insurance 8834733A001 % Clean Trade		Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any s	portion you own?
Examp No Yes Add t pages	les: Boats, trailers, moto	ors, personal wat portion you ow or Part 2. Write t	d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycon for all of your entries from Part 2, including hat number here	ele accessories	\$6,300.00
Do you o	own or have any legal	or equitable int	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Exam</i> □ No	chold goods and furnisples: Major appliances, s. Describe		china, kitchenware		dame of oxemptione.
	Но	usehold Goo	ds		\$852.50
□ No	ples: Televisions and ra including cell phor s. Describe	nes, cameras, m	eo, stereo, and digital equipment; computers, pri edia players, games	inters, scanners; music co	
	∣ Ele	ectronics		1	\$87.50

	Debtor 1 Curtis Silver Debtor 2 Donna Marie Ennist-Johnson Case numb	ber (if known)
8.	 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; other collections, memorabilia, collectibles No 	; stamp, coin, or baseball card collections;
	☐ Yes. Describe	
9.	 Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, smusical instruments 	skis; canoes and kayaks; carpentry tools;
	■ No □ Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	■ No □ Yes. Describe	
11.	 Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe 	
	Clothing and Personal	\$100.00
12.	 Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watc ■ No □ Yes. Describe 	ches, gems, gold, silver
13.	3. Non-farm animals Examples: Dogs, cats, birds, horses ■ No □ Yes. Describe	
14.	 4. Any other personal and household items you did not already list, including any health aids you d No Yes. Give specific information 	lid not list
15	15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have a for Part 3. Write that number here	attached \$1,040.00
Pa	Part 4: Describe Your Financial Assets	
D	Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	6. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you f □ No ■ Yes	file your petition
	Cash	\$500.00
17.	 7. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions institutions. If you have multiple accounts with the same institution, list each. No 	s, brokerage houses, and other similar
	Yes Institution name:	

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Debtor 1 Curtis Silver
Debtor 2 Donna Marie Ennist-Johnson Case number (if known

Debtor 2		Donna Marie Ennist-Johnson			Ca	Case number (if known)	
			Checking ar		rst Horizons		\$2,300.00
18.			r publicly traded stock nvestment accounts with		rms, money market accounts		
	☐ Yes		Institution or iss	uer name:			
19.	Non-pu joint vo ■ No		ck and interests in inc	orporated ar	d unincorporated businesses,	including an interest in a	n LLC, partnership, and
		Give specific info	rmation about them Name of entity:		9	% of ownership:	
20.	Negotia Non-ne	able instruments it egotiable instrume	nclude personal checks,	cashiers' che	d non-negotiable instruments ecks, promissory notes, and mone omeone by signing or delivering t		
21.		nent or pension a bles: Interests in IR		k), 403(b), thr	ift savings accounts, or other pen	ision or profit-sharing plans	
	☐ Yes. I	List each account	separately. Type of account:	Ins	stitution name:		
22.	Your sl Examp		deposits you have mad		may continue service or use from ities (electric, gas, water), telecon		or others
	■ No □ Yes.			Ins	stitution name or individual:		
23.	Annuiti	ies (A contract for	a periodic payment of m	noney to you,	either for life or for a number of y	ears)	
	☐ Yes	lssu	uer name and descriptio	n.			
24.			n IRA, in an account in 29A(b), and 529(b)(1).	a qualified A	ABLE program, or under a quali	fied state tuition program	1.
	☐ Yes	Inst	titution name and descri	ption. Separa	tely file the records of any interes	ts.11 U.S.C. § 521(c):	
25.	■ No	-		y (other thar	anything listed in line 1), and i	rights or powers exercisa	ible for your benefit
	☐ Yes.	Give specific infor	rmation about them				
26.			demarks, trade secrets ain names, websites, pro		ntellectual property byalties and licensing agreements	3	
	☐ Yes.	Give specific info	rmation about them				
27.			nd other general intang its, exclusive licenses, o		ssociation holdings, liquor license	es, professional licenses	
	☐ Yes.	Give specific infor	rmation about them				
M	oney or p	property owed to	you?				Current value of the portion you own? Do not deduct secured claims or exemptions.

	ebtor 1 ebtor 2	Curtis Silver Donna Marie Ennist-Johnson	Case number (if known)					
28	Tax refu	unds owed to you						
	■ No □ Yes. 0	Give specific information about them, including whether you already filed the	he returns and the tax years					
29	 Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 							
30	Examp	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick benefits; unpaid loans you made to someone else Give specific information	pay, vacation pay, workers' compens	eation, Social Security				
31		s in insurance policies						
	Example ■ No	les: Health, disability, or life insurance; health savings account (HSA); cred	dit, homeowner's, or renter's insuranc	е				
		Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:				
32	If you a someor	erest in property that is due you from someone who has died tree the beneficiary of a living trust, expect proceeds from a life insurance pine has died. Give specific information	olicy, or are currently entitled to recei	ve property because				
33	33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim							
34	■ No	ontingent and unliquidated claims of every nature, including counter Describe each claim	claims of the debtor and rights to s	set off claims				
35	Any fina	ancial assets you did not already list						
	■ No □ Yes.	Give specific information						
36		ne dollar value of all of your entries from Part 4, including any entries rt 4. Write that number here	. • •	\$2,800.00				
Pa	art 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1.					
	Do you o	wn or have any legal or equitable interest in any business-related property? to Part 6.						
	☐ Yes. G	o to line 38.						
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have a bu own or have an interest in farmland, list it in Part 1.	an Interest In.					
46	■ No. 0	own or have any legal or equitable interest in any farm- or commerci Go to Part 7. Go to line 47.	ial fishing-related property?					

Debto		ohnson		Case number (if known)	
Part 7:	Describe All Property You O	wn or Have an Interest in That Y	ou Did Not List Above		
E2 	you have other property of an xamples: Season tickets, country No Yes. Give specific information	club membership	st?		
	Subj	ible Consumer Rights Cla ect to approval of settlem as otherwise specified, no	ent/award by Bankr		\$0.00
	.IMP0	DRTANT NOTICES:			
	(1) V	aluation Method (Sch. A &	k B): FMV unless oth	nerwise noted.	
	draw and s amou	editor claims disclosed on largely from unverified thall not be considered and the towed, interest, late for esentatives an admission	information provide n admission by the ees, etc. Nor is this	ed by the creditor, Debtor(s) of the listing of a creditor	
		l owners of such claims.			\$0.00
	Any	other value (See * - Sch B)		\$0.00
	any a or in	other value, not otherwind all amounts on depostestment accounts, but note the "wildcard"	it, if any, as of the d ot exceeding in valu	ate of filing, in bank ie the residual value	Unknown
54. A	Add the dollar value of all of you	ır entries from Part 7. Write t	that number here		\$0.00
Part 8:	List the Totals of Each Part o	this Form			
55. P	Part 1: Total real estate, line 2 .				\$201,510.00
	Part 2: Total vehicles, line 5		\$6,300.00		
	Part 3: Total personal and hous		\$1,040.00		
	Part 4: Total financial assets, lir		\$2,800.00		
	Part 5: Total business-related p	• •	\$0.00		
	Part 6: Total farm- and fishing-r Part 7: Total other property not		\$0.00		
	otal personal property. Add line		+ \$0.00 \$10,140.00	Copy personal property t	otal \$10,140.00
63. T	otal of all property on Schedul	a A/B . Add line 55 + line 62			\$211,650.00

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Curtis Silver Donna Marie Ennist-Johnson) Case No.		
Γ	Debtor.)) DEBTOR'S CLAIM F))	OR PROPERTY EX	EMPTIONS
I, <u>Curtis Silver</u> , the undersigned debtor, and (C), the Laws of the State of North Ca			rsuant to 11 U.S.C. §	§ 522(b)(3)(A), (B),
☐ Check if the debtor claim debtor or a dependent of the		y amount of interest that exceeds \$12 a residence.	25,000 in value in pr	operty that the
BURIAL PLOT. (NCGS 1C-160 Select appropriate exemption amo ■ Total net value not to ex □ Total net value not to ex	01(a)(1)). bunt below: ceed \$35,000. ceed \$60,000.	(Debtor is unmarried, 65 years of age ties or joint tenant with rights of sur	e or older, property	was previously
Description of Property & Address	Market Value	Mtg. Holder or Lien Holder(s) Ashbury Owners Association, Inc. SN Servicing Corporation** Internal Revenue Service	Amt. Mtg. or Lien 0.00	Net Value
510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value	201,510.00	(MD)** FIA Card Services, NA Ford Motor Credit Company**	185,233.00 45,708.00 10,204.44 33,000.00	0.00
(This amount,	mption tion of exempt if any, may be n any property	tion, not to exceed \$5,000. carried forward and used to claim owned by the debtor. (NCGS	\$ \$ \$	0.00 30,000.00 5,000.00

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of	Market	Mtg. Holder or Lien	Amt. Mtg.	Net
Property & Address	Value	Holder(s)	or Lien	Value
		Ashbury Owners		
		Association, Inc.		
		SN Servicing Corporation**		
		Internal Revenue Service	0.00	
510 Blue Lake Drive Mebane,		(MD)**	185,233.00	
NC 27302 Orange County		FIA Card Services, NA	45,708.00	
Valuation Method (Sch. A & B):		Ford Motor Credit	10,204.44	
90% Tax Value	201,510.00	Company**	33,000.00	0.00

3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

Year, Make,	Market			Net
Model of Auto	Value	Lien Holder(s)	Amt. Lien	Value

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Model 2000 F miles VIN: 1 State	Make, I of Auto Ford Ranger 172,270 FTYR14V9YTA83703 Farm Insurance Policy#	Market Value	Lien Holder(s)			Amt. Lien	Net Value
	4733A001 Elean Trade	2,800.00					2,800.00
(b) Aı	atutory allowance mount from 1 (b) above to be use A part or all of 1 (b) may be use		ı.	\$ \$	3,500		
			et Exemption	<u></u>	2,800.00		
4.	TOOLS OF TRADE, IMP debtor's dependent. Total ne	LEMENTS, OR PR	OFESSIONAL	BOOKS.	(NCGS 1C-16	501(a)(5). Used	by debtor or
Descri	_	Market Value	Lien Holder(s)	1		Amt. Lien	Net Value
(b) Aı	atutory allowance mount from 1 (b) above to be use A part or all of 1 (b) may be use		1.	\$ \$	2,000		
		Total N	et Exemption	\$	0.00		
5. Descri	PERSONAL PROPERTY DEBTOR'S DEPENDENT debtor plus \$1,000 for each of the control o	S. (NCGS 1C-1601)	a)(4). Debtor's a	ggregate i 1 \$4,000 to	nterest, not to	exceed \$5,000 in	value for the Net Value
Clothi	ng and Personal	200.00					100.00 50% owned 87.50
Electr	onics	175.00					50% owned
House	ehold Goods	1,705.00					852.50 50% owned
(b) Sta \$1,000 (c) Ar	atutory allowance for debtor atutory allowance for debtor's each (not to exceed \$4,000 to mount from 1(b) above to be us part or all of 1 (b) may be use	otal for dependents) sed in this paragraph	-	\$	Total N 5,000 0.00	et Value	1,040.00
6	LIFE INSTIDANCE (Acm	rovidad in Articla V	Section 5 of No.	rth Carolin		xemption	1,040.00
6.	Name of Insurance Company -NONE-						
7.	PROFESSIONALLY PRE 1C-1601(a)(7). No limit on			DEBTOR	OR DEBTOR	'S DEPENDEN	TS). (NCGS
	Description: -NONE-						

0.10	(09/13)
911	(1)9/131

8.	DEBTOR'S RIGHT TO R amount.)	RECEIVE FOLLOV	VING COMPENSATION: (NCGS	1C-1601(a)(8). N	o limit on number or
	B. \$ -NONE- Co	empensation for death	onal injury to debtor or to person who n of person of whom debtor was dependent to disability policies or annuities.		
9.	TREATED IN THE SAM	E MANNER AS AN S 1C-1601(a)(9). No	EFINED IN THE INTERNAL REVIOUS INDIVIDUAL RETIREMENT PLOT I I I I I I I I I I I I I I I I I I I	LAN UNDER TH	IE INTERNAL
	Detailed Description -NONE-				Value
10.	(NCGS 1C-1601(a)(10). To plan within the preceding 12	otal net value not to e 2 months not in the o	UNDER SECTION 529 OF THE II exceed \$25,000 and may not include a rdinary course of the debtor's financi debtor and will actually be used for the second seco	any funds placed is al affairs. This ex	n a college saving emption applies only
	Detailed Description -NONE-				Value
11.	UNITS OF OTHER STAT	TES, TO THE EXT	REMENT PLAN OF OTHER STA ENT THOSE BENEFITS ARE EX Γ. (NCGS 1C-1601(a)(11). No limit of	EMPT UNDER T	
	Description: -NONE-				
12.			NTENANCE AND CHILD SUPPORT of Description of Descri		
	Description: -NONE-				
13.	HAS NOT PREVIOUSLY	BEEN CLAIMED	ERTY WHICH DEBTOR DESIRIABOVE. (NCGS 1C-1601(a)(2). To which has not been used for other experiences.	he amount claime	
Descri	ption ther value (See * - Sch B)	Market Value 0.00	Lien Holder(s)	Amt. Lien	Net Value 0.00
(a) Tot	al Net Value of property clair	med in paragraph 13.		\$	0.00
	tal amount available from parass amounts from paragraph 1(b) which were used in Paragraph 3(b)	n the following paragraphs: \$ \$	\$	5,000.00
		Paragraph 4(b) Paragraph 5(c) Net Bal	\$s ance Available from paragraph 1(b) Total Net Exemption	\$ \$ 	5,000.00
14.	OTHER EXEMPTIONS (CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CARO	LINA:
	ONE- OTAL VALUE OF PROPER	ΓΥ CLAIMED AS E	XEMPT		0.00

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15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW: -NONE-

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT

\$ 0.00

16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE		/s/ Curtis Silver		
		Curtis Silver		
		Debtor		

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Curtis Silver Donna Marie Ennist-Johnson)	Case No.
)	DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS
)	
	Debtor.)	

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

- I, **Donna Marie Ennist-Johnson**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.
 - ☐ Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.
- 1. REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT. (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- Total net value not to exceed \$35,000.
- Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

Description of	Market	Mtg. Holder or Lien	Amt. Mtg.		Net
Property & Address	Value	Holder(s)	or Lien		Value
		Ashbury Owners			
		Association, Inc.			
		SN Servicing Corporation**	0.00		
510 Blue Lake Drive Mebane,		Internal Revenue Service (MD)**	185,233.00		
NC 27302 Orange County		FIA Card Services, NA	45,708.00		
Valuation Method (Sch. A & B):		Ford Motor Credit	10,204.44		
90% Tax Value	201,510.00	Company**	33,000.00		0.00
(a) Total	Net Value		\$	0.00	
Total Ne	t Exemption		\$	30,000.00	
(b) Unus	ed portion of exemp	tion, not to exceed \$5,000.	\$		
(This am	ount, if any, may be	carried forward and used to claim			
an exem	otion in any property	owned by the debtor. (NCGS			
1C-1601	(a)(2)).				

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of	Market	Mtg. Holder or Lien	Amt. Mtg.	Net
Property & Address	Value	Holder(s) Ashbury Owners	or Lien	Value
		Association, Inc. SN Servicing Corporation**		
510 Blue Lake Drive Mebane,		Internal Revenue Service (MD)**	0.00 185,233.00	
NC 27302 Orange County		FIA Card Services, NA	45,708.00	
Valuation Method (Sch. A & B):		Ford Motor Credit	10,204.44	
90% Tax Value	201,510.00	Company**	33,000.00	0.00

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3.	MOTOR VEHICLE. (NCGS 1C-1601(a)(3).	Only one vehicle allowed under	this paragraph with net	value claimed as
	exempt not to exceed \$3,500.)			

Year, Make Model of Auto 2007 Honda CRV 155,188 miles VIN: JHLRE48537C085671 State Farm Insurance Policy# 1488347B0133A	Market Value L	.ien Holder(s)		Amt. Lien	Net Value
90% Clean Trade	3,500.00					3,500.00
(a) Statutory allowance(b) Amount from 1(b) above to be used			\$ \$	3,500		
(A part or all of 1(b) may be used as	s needed.)		Ф			
	Total Net l	Exemption	\$	3,500.00		

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

	rket alue Lien Holder((s)	Amt	t. Lien Net Value
(a) Statutory allowance		\$	2,000	
(b) Amount from 1(b) above to be used in this par (A part or all of 1(b) may be used as needed.)	- 1	\$		
Т	otal Net Exemption	\$	0.00	

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

Description of Property Clothing and Personal	Market Value 200.00	Lien Holder(s)	Amt. Lien	Net Value 100.00 50% owned
Electronics Household Goods	175.00			87.50 50% owned 852.50 50% owned
 (a) Statutory allowance for debtor (b) Statutory allowance for debtor \$1,000 each (not to exceed \$4,000 c (c) Amount from 1(b) above to be (A part or all of 1(b) may be use 	total for dependents) used in this paragrap		Total Net Value 5,000 0.00	1,040.00
			Total Net Exemption	1,040.00

6. **LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary **-NONE-**

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description:

	-NONE-				
•	DEBTOR'S RIGHT TO RE amount.)	ECEIVE FOLLOV	VING COMPENSATION: (NCGS 1	1C-1601(a)(8). No	limit on number of
	B. \$ Con	npensation for deatl	onal injury to debtor or to person who h of person of whom debtor was deper vate disability policies or annuities.	om debtor was depe ndent for support.	ndent for support.
	TREATED IN THE SAME	MANNER AS AN 1C-1601(a)(9). No	EFINED IN THE INTERNAL REV INDIVIDUAL RETIREMENT PI to limit on number or amount.) AND (LAN UNDER THE	E INTERNAL
	Detailed Description -NONE-				Value
).	(NCGS 1C-1601(a)(10). Total plan within the preceding 12	al net value not to e months not in the o	UNDER SECTION 529 OF THE IN exceed \$25,000 and may not include a ordinary course of the debtor's financia debtor and will actually be used for the	any funds placed in al affairs. This exe	a college saving mption applies onl
	Detailed Description -NONE-				Value
1.	UNITS OF OTHER STATE	ES, TO THE EXT	TREMENT PLAN OF OTHER STA ENT THOSE BENEFITS ARE EXI Γ. (NCGS 1C-1601(a)(11). No limit of	EMPT UNDER TI	
Ι.	UNITS OF OTHER STATE	ES, TO THE EXT	ENT THOSE BENEFITS ARE EXI	EMPT UNDER TI	
	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE	ES, TO THE EXT RNMENTAL UNI CPARATION MAI	ENT THOSE BENEFITS ARE EXI	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16	HE LAWS OF 501(a)(12). No lin
	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE	ES, TO THE EXT RNMENTAL UNI CPARATION MAI	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the control of the	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16	HE LAWS OF 501(a)(12). No lin
2.	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE on amount to the extent such Description: -NONE- ANY OTHER REAL OR P. HAS NOT PREVIOUSLY I	ES, TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERS	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the control of the	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16 ebtor or dependent of	THE LAWS OF 501(a)(12). No line of Debtor.)
2. 3.	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE on amount to the extent such Description: -NONE- ANY OTHER REAL OR P. HAS NOT PREVIOUSLY I	ES, TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL UNITED TO THE EXTERNMENTAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERSONAL PROPERS	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the control of the support of Desire and the support of Des	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16) Ebtor or dependent of the amount claimed exemptions.) Amt. Lien	THE LAWS OF 501(a)(12). No line of Debtor.)
2. 3. Oescr Cash Check	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE on amount to the extent such Description: -NONE- ANY OTHER REAL OR P. HAS NOT PREVIOUSLY I remaining amount available uniption cing and Savings: First	ERSONAL PROPERSONAL PROPERSONA	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the complex of the support of Department of Department of Department of the support of Department of Department of the support of Department of Department of Department of the support of Department of Department of Department of Department of Department of the support of Department of Dep	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16 Ebtor or dependent of the amount claimed exemptions.) Amt. Lien	FIGURE 1001(a)(12). No line of Debtor.) EXEMPT THAT may not exceed the North Value of North Val
2. 3. Cash Check Horizo	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE on amount to the extent such Description: -NONE- ANY OTHER REAL OR P. HAS NOT PREVIOUSLY I remaining amount available uniption cing and Savings: First	ERSONAL PROPERSONAL PROPERSONA	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the control of the support of Desire and the support of Des	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16 Ebtor or dependent of the amount claimed exemptions.) Amt. Lien	EXEMPT THAT may not exceed the Sol.
2. 2. 3. Cash Check Horizo a) To b) To	UNITS OF OTHER STATE THAT STATE OR GOVER Description: -NONE- ALIMONY, SUPPORT, SE on amount to the extent such Description: -NONE- ANY OTHER REAL OR P. HAS NOT PREVIOUSLY I remaining amount available uniption sting and Savings: First ons	ERSONAL PROPERSONAL PROPERSONA	ENT THOSE BENEFITS ARE EXIT. (NCGS 1C-1601(a)(11). No limit of the composition of the support of Debug Perty which despression	EMPT UNDER TI on amount.) DRT. (NCGS 1C-16 bettor or dependent of the amount claimed exemptions.) Amt. Lien	EXEMPT THAT may not exceed the Sol. 2,300.

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	TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$ 0.00
15.	EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:	
	-NONE-	
	TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$ 0.00

16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE December 28, 2020		/s/ Donna Marie En	nist-Johnson	
		Donna Marie Ennis	t-Johnson	<u> </u>
		Joint Debtor		

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Fill	in this inforn	nation to identify you	ır case:			
Deb	tor 1	Curtis Silver				
		First Name	Middle Name Last Nar	ne	_	
Deb	tor 2	Donna Marie Er			_	
(Spou	use if, filing)	First Name	Middle Name Last Nar	me		
Unit	ed States Ba	nkruptcy Court for the	MIDDLE DISTRICT OF NORTH CARO	LINA	_	
l .	e number _					
(if kno	own)				_	if this is an
					amen	ded filing
∩ffi	cial Forn	106D				
			M/II 11 Ol-1 O			
SC	nedule	D: Creditors	Who Have Claims Secu	red by Propert	ty	12/15
is nee			If two married people are filing together, both a out, number the entries, and attach it to this fo			
1. Do	any creditors	have claims secured by	y your property?			
ı	☐ No. Check	this box and submit t	his form to the court with your other schedul	es. You have nothing else	to report on this form.	
	Yes. Fill in	all of the information	below.			
		II Secured Claims				
				Column A	Column B	Column C
for ea	ach claim. If m	ore than one creditor has	more than one secured claim, list the creditor sepa s a particular claim, list the other creditors in Part 2 cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1	Ashbury (Describe the property that secures the claim	\$0.00	\$201,510.00	\$0.00
	Creditor's Name		510 Blue Lake Drive Mebane, NC			
			27302 Orange County			
			Valuation Method (Sch. A & B): 90%	6		
	C/o Brian	Wessler	As of the date you file, the claim is: Check all the			
		Noods Drive	apply.	nat		
	Raleigh, N	NC 27615	☐ Contingent			
	Number, Street	, City, State & Zip Code	Unliquidated			
			Disputed			
_		ebt? Check one.	Nature of lien. Check all that apply.			
_	ebtor 1 only			or secured		
_	ebtor 2 only		_	\		
	ebtor 1 and De	,	☐ Statutory lien (such as tax lien, mechanic's li	en)		
		he debtors and another	Judgment lien from a lawsuit	aal Daoidan		
	check if this cl community de	aim relates to a bt	Other (including a right to offset)	oal Residence		
Date	debt was inci	urred	Last 4 digits of account number			

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Debtor '	1 Curtis Silver		Case number (if known)		
5.1.	First Name Middle N				
Debtor 2	2 Donna Marie Ennist-Joh First Name Middle N				
	i list name ivildue iv	and Last Name			
	A Card Services, NA	Describe the property that secures the claim:	\$10,204.44	\$201,510.00	\$10,204.44
	o Sessoms & Rogers,	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value			
Po	ost Office Box 110564 urham, NC 27709	As of the date you file, the claim is: Check all that apply. Contingent			
	mber, Street, City, State & Zip Code	☐ Unliquidated			
	ves the debt? Check one.	Disputed Nature of lien. Check all that apply.			
☐ Debto	•	An agreement you made (such as mortgage or s car loan)	ecured		
☐ Debte	or 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At lea	ast one of the debtors and another	Judgment lien from a lawsuit			
	ck if this claim relates to a munity debt	Other (including a right to offset)			
Date del	ot was incurred	Last 4 digits of account number			
יו גיניו	ord Motor Credit ompany**	Describe the property that secures the claim:	\$33,000.00	\$201,510.00	\$33,000.00
Cre	ompany** editor's Name ost Office Box 55000	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value	\$33,000.00	\$201,510.00	\$33,000.00
Cre Cre Di	ompany** editor's Name ost Office Box 55000 rawer 55-953	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply.	\$33,000.00	\$201,510.00	\$33,000.00
Pro Di	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. ☐ Contingent	\$33,000.00	\$201,510.00	\$33,000.00
Cre Cre Pro Di Do Nu	ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$33,000.00	\$201,510.00	\$33,000.00
Cre Cre Pro Di Dre Nu Who ow	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code ves the debt? Check one.	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.		\$201,510.00	\$33,000.00
Pro Di De	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code ves the debt? Check one. or 1 only	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		\$201,510.00	\$33,000.00
Property of the control of the contr	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code ves the debt? Check one. or 1 only or 2 only	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or scar loan)		\$201,510.00	\$33,000.00
Property of the control of the contr	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code ves the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or s car loan) Statutory lien (such as tax lien, mechanic's lien)		\$201,510.00	\$33,000.00
Property of the control of the contr	ompany** editor's Name ost Office Box 55000 rawer 55-953 etroit, MI 48255-0953 mber, Street, City, State & Zip Code ves the debt? Check one. or 1 only or 2 only	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 90% Tax Value As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or scar loan)		\$201,510.00	\$33,000.00

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Debtor 1 Curtis Silver			umber (if known)			
First Name Middle Name Last Name						
Debtor 2 Donna Marie Ennist-Johnson First Name Middle Name Last Name						
First Name Middle N	ame Last Name					
2.4 Internal Revenue Service (MD)**	Describe the property that secures the cla	nim:	\$45,708.00	\$201,510.00	\$34,538.00	
Post Office Box 7346 Philadelphia, PA 19101-7346	510 Blue Lake Drive Mebane, NC 27302 Orange County and equity personal property Valuation Method (Sch. A & B): 9 Tax Value As of the date you file, the claim is: Check apply. □ Contingent	y in 10%				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgated car loan)	ige or secured				
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)	eral Tax Lier	1			
Date debt was incurred	Last 4 digits of account number					
2.5 SN Servicing	Describe the property that secures the cla	.im. \$	\$185,233.00	\$201,510.00	\$0.00	
Corporation** Creditor's Name Attn: Officer 13702 Coursey Blvd, Bldg 2 Baton Rouge, LA 70817 Number, Street, City, State & Zip Code	510 Blue Lake Drive Mebane, NC 27302 Orange County Valuation Method (Sch. A & B): 9 Tax Value As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed	00%	_	Ψ201,010.00		
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
☐ Debtor 1 only ■ Debtor 2 only	An agreement you made (such as mortgacar loan)	age or secured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lien)				
At least one of the debtors and another	Judgment lien from a lawsuit	ainal Basida	naa			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	cipal Reside	ence			
Date debt was incurred	Last 4 digits of account number					
If this is the last page of your form, add Write that number here: Part 2: List Others to Be Notified for Use this page only if you have others to be trying to collect from you for a debt you of the state of the	olumn A on this page. Write that number he the dollar value totals from all pages. or a Debt That You Already Listed the notified about your bankruptcy for a debt we to someone else, list the creditor in Part to you listed in Part 1, list the additional cred	that you alread	the collection age	or example, if a collectincy here. Similarly, if yo	ou have more	
debts in Part 1, do not fill out or submit the		itors nere. ir yot	u do not nave addit	ional persons to be not	ined for any	
Name, Number, Street, City, State & Brownlee Whitlow & Praet 4020 WestChase Blvd. Suite 530 Raleigh, NC 27607	Zip Code		n Part 1 did you ente	er the creditor? 2.1		

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Debtor 1	Curtis Silver			Case number (if known)		
	First Name Middle Name Last Name		Last Name			
Debtor 2	2 Donna Marie Ennist-Johnson					
	First Name Middle Name		Last Name	-		
S & P		176010	ı	On which line in Part 1 did you enter the creditor? Last 4 digits of account number		
U U 9:	ame, Number, Stree I.S. Attorney G I.S. Departmen 50 Pennsylvan Vashington, DO	t of Justice ia Ave. NW		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		
U 1	S Attorney's C	th Street, 4th floor		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		

F:II :	Alsia infamo	otion to identify your							
FIII IN	tnis informa	ation to identify your	case:						
Debto	or 1	Curtis Silver First Name	Middl	o Nomo	Loot Nom				
Debto	ur 2	Donna Marie Enn		e Name	Last Nam	ie			
	e if, filing)	First Name		e Name	Last Nam	ie			
l laita a	d Otataa Dawl		MIDDLE	DISTRICT OF MORTH	CAROL	INIA			
United	d States Bank	cruptcy Court for the:	MIDDLE	DISTRICT OF NORTH	CAROL	JINA			
	number								
(if know	n)							_	if this is an
								ameno	led filing
Offic	ial Form	106F/F							
			ho Hav	e Unsecured (Claim	S			12/15
any exe Schedu Schedu left. Att	ecutory contra ule G: Executo ule D: Creditor ach the Conti and case numb	ects or unexpired leases by Contracts and Unexp is Who Have Claims Sec nuation Page to this pag	that could rired Leases ured by Prope. If you have	creditors with PRIORITY esult in a claim. Also lis (Official Form 106G). Do perty. If more space is no ye no information to repo laims	t execute not incl eeded, co	ory contracts or ude any credito opy the Part you	n Schedule A/B: F ors with partially s u need, fill it out, i	roperty (Official For ecured claims that a number the entries i	m 106A/B) and on tre listed in In the boxes on the
		s have priority unsecure							
_	No. Go to Par								
	Yes.								
2. Lis	st all of your pentify what type assible, list the o	of claim it is. If a claim ha claims in alphabetical orde	s both prioriter according t	r has more than one priori y and nonpriority amounts to the creditor's name. If yo , list the other creditors in	, list that ou have r	claim here and s	show both priority a	nd nonpriority amoun	ts. As much as
(Fe	or an explanati	on of each type of claim, s	see the instru	ctions for this form in the i	nstructior		otal claim	Priority amount	Nonpriority amount
2.1	Internal F	Revenue Service (M	ID)**	Last 4 digits of account	number		\$9,706.00	\$7,240.00	\$2,466.00
	Priority Cred	<u> </u>					Ψο, ι σοισσ	Ψ1,240.00	Ψ2,400.00
	Philadelp	ce Box 7346 bhia, PA 19101-734	6	When was the debt inco		2016-2019			
v		eet City State Zip Code the debt? Check one.		As of the date you file,	the claim	is: Check all th	at apply		
	Debtor 1 onl			☐ Contingent					
_	_			☐ Unliquidated					
L -	Debtor 2 onl	У		☐ Disputed					
	Debtor 1 and	d Debtor 2 only		Type of PRIORITY unse		aim:			
	At least one	of the debtors and another	er	☐ Domestic support obli	igations				
	☐ Check if thi	s claim is for a commu	nity debt	Taxes and certain oth	er debts	you owe the gov	ernment		
ls	s the claim su	bject to offset?		☐ Claims for death or pe	ersonal in	jury while you w	ere intoxicated		
	No			Other. Specify					
	☐ Yes			Fed	leral Ta	ixes Owed			
2.2	Law Offic	ces of John T. Orcu	144	Last 4 digits of account	numbar		\$4,500.00	\$4,500.00	\$0.00
2.2	Priority Cred			When was the debt inci			\$4,300.00	φ4,300.00	φυ.υυ
		NC 27615							
	Number Stre	eet City State Zip Code		As of the date you file,	the claim	is: Check all the	at apply		
		the debt? Check one.		☐ Contingent					
L	Debtor 1 onl	у		☐ Unliquidated					
	Debtor 2 onl	у		☐ Disputed					
•	Debtor 1 and	d Debtor 2 only		Type of PRIORITY unse	cured cl	aim:			
[☐ At least one	of the debtors and anothe	er	☐ Domestic support obli	igations				
_	_	s claim is for a commu		☐ Taxes and certain oth	er debts	you owe the gov	ernment		
		bject to offset?	•	☐ Claims for death or pe	ersonal in	jury while you w	ere intoxicated		
I	No			Other. Specify Adr	ninistr	ative Expens	ses		
	□Yes				orney F				

Official Form 106 E/F

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North Carolina Dept. of Revenue**		(wn)		
Priority Creditor's Name Post Office Box 1168	Last 4 digits of account number When was the debt incurred?	2018	663.00	\$663.00	\$0.00
Raleigh, NC 27602-1168					
	As of the date you file, the claim	is: Check all that apply			
	☐ Contingent				
•	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	iim:			
At least one of the debtors and another	☐ Domestic support obligations				
Check if this claim is for a community debt	■ Taxes and certain other debts	ou owe the government			
he claim subject to offset?	Claims for death or personal in	ury while you were intoxic	cated		
No	Other. Specify				
Yes	State Inco	me taxes			
State of New York Department of Taxatio Priority Creditor's Name	-		222.69	\$6,222.69	\$0.00
	When was the debt incurred?	2007			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
o incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	Disputed				
Debtor 1 and Debtor 2 only	·	ıim:			
•	☐ Domestic support obligations				
	Taxes and certain other debts y	you owe the government			
•	_		cated		
No	•	, ,			
Yes		S			
	Number Street City State Zip Code o incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ne claim subject to offset? No Yes State of New York Department of Taxatio Priority Creditor's Name 90 Cohoes Ave Troy, NY 12183 Number Street City State Zip Code o incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ne claim subject to offset? No	As of the date you file, the claim continued the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ne claim subject to offset? State of New York Department of Taxatio Priority Creditor's Name Debtor 1 only Debtor 2 only State Incorporate the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim continued to Disputed Type of PRIORITY unsecured claim and the debts you can be reclaim subject to offset? Claims for death or personal injudy to the debt incurred? As of the date you file, the claim continued to Disputed Type of PRIORITY unsecured claim continued to Disputed Type of PRIORIT	As of the date you file, the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply continuity of the claim is: Check all that apply of the claim is: Check all that apply continuity of the claim is: Check all that apply of the claim is: Ch	As of the date you file, the claim is: Check all that apply contingent Contingent	As of the date you file, the claim is: Check all that apply Contingent

Total claim

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	1 Curtis Silver 2 Donna Marie Ennist-Johnson	Case number (if known)		
4.1	.IMPORTANT NOTICE:	Last 4 digits of account number	\$0.00	
	Nonpriority Creditor's Name See notice re: creditor claims set forth on Schedule A	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.2	Alamance Eye Center Nonpriority Creditor's Name	Last 4 digits of account number	\$145.00	
	1016 Kirkpatrick Road Burlington, NC 27215	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only			
	■ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Medical Bills Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED		
4.3	American Express	Last 4 digits of account number	\$712.00	
	Nonpriority Creditor's Name Post Office Box 981537	When was the debt incurred?		
	El Paso, TX 79998-1537 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	Поло		
	Debtor 2 only	☐ Contingent ☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only			
	_	☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	□ Debts to pension or profit-sharing plans, and other similar debts		
	□ Yes	Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED		

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	1 Curtis Silver2 Donna Marie Ennist-Johnson	Case number (if known)	
4.4	0		\$00.400.40
	Coastal Federal Credit Union*** Nonpriority Creditor's Name Post Office Box 58429	Last 4 digits of account number When was the debt incurred?	\$29,166.10
	Raleigh, NC 27658 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
	Consumer Portfolio Services, Inc.	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 19500 Jamboree Road	When was the debt incurred?	
	Suite 500		
	Irvine, CA 92612	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	_	
		Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Possible Obligation Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.6	Country Door	Last 4 digits of account number	\$475.02
	Nonpriority Creditor's Name 1112 7th Avenue Monroe, WI 53566-1364	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	

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	r 1 Curtis Silver T 2 Donna Marie Ennist-Johnson	Case number (if known)	
4.7	Discover Card	Last 4 digits of account number	\$8,137.30
4.7	Nonpriority Creditor's Name	Last 4 digits of account number	φο, 13 <i>1</i> .30
	P.O. Box 71084	When was the debt incurred?	
	Charlotte, NC 28272		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		Credit Card Purchases	
	☐ Yes	Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.8	Duke University Health System Nonpriority Creditor's Name	Last 4 digits of account number	\$30,234.31
	Post Office Box 70841 Charlotte, NC 28272-0841	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	<u> </u>	'	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	<u> </u>	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<u> </u>	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
		Medical Bill	
	☐ Yes	Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	
		MOT ADMITTED	
4.9	Ginny's***	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name		
	c/o Creditors Bankruptcy Service	When was the debt incurred?	
	Post Office Box 740933 Dallas, TX 75374-0933		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, ,	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	<u> </u>	'	
	■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		Possible Obligation	
	□Yes	Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	

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2 Donna Marie Ennist-Johnson	Case number (if known)	
Jared***	Last 4 digits of account number	Unknow
Nonpriority Creditor's Name The Galleria of Jewelry Post Office Box 3680 Akron, OH 44309-3680	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes Orange County EMS - Ambulance	■ Other. Specify Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
Service	Last 4 digits of account number	\$626.
Nonpriority Creditor's Name PO Box 863 Lewisville, NC 27023-0863	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No		
☐ Yes	Medical Bill Disputed re: amt, int, fees, ownership, etc. ■ Other. Specify NOT ADMITTED	

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2 Donna Marie Ennist-Johnson	Case number (if known)	
Seventh Avenue***	Last 4 digits of account number	\$442.
Nonpriority Creditor's Name c/o Creditors Bankruptcy Service Post Office Box 740933 Dallas, TX 75374-0933	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Truliant Federal Credit Union	Last 4 digits of account number	\$2,465
Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 26000 Winston Salem, NC 27114	When was the debt incurred?	<u> </u>
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Personal Loan Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	

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Debtor 1 Curtis Silver Debtor 2 Donna Marie Ennist-Johnson	Case number (if known)	
4.1 Verizon Wireless Bankruptcy 4 Admin.*	Last 4 digits of account number	\$125.12
Nonpriority Creditor's Name 500 Technology Drive, Suite 550	When was the debt incurred?	
Weldon Spring, MO 63304 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce the	at you did not
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debt	5
☐ Yes	Services Rendered Disputed re: amt, int, fees, owner NOT ADMITTED	ship, etc.
Part 3: List Others to Be Notified About a D	eht That You Already Listed	_
5. Use this page only if you have others to be notified is trying to collect from you for a debt you owe to	about your bankruptcy, for a debt that you already listed in Parts 1 osomeone else, list the original creditor in Parts 1 or 2, then list the coluat you listed in Parts 1 or 2, list the additional creditors here. If you do	llection agency here. Similarly, if you
Name and Address CU Recovery, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (<i>Check one</i>):	Use a sure d Olsina
26263 Forest Boulevard	Line 4.4 of (Check one): Part 1: Creditors with Priority Part 2: Creditors with Nonpriority	
Wyoming, MN 55092-8033	Last 4 digits of account number	my onsecured claims
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
DNF Associates 2351 N Forest Road Ste 110	Line 4.10 of (Check one):	
Getzville, NY 14068	Part 2: Creditors with Nonprio	rity Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
JD Receivables Post Office Box 382656	Line 4.10 of (Check one):	
Germantown, TN 38183	■ Part 2: Creditors with Nonpric Last 4 digits of account number	rity Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
NC Department of Justice	Line 2.3 of (Check one):	Unsecured Claims
for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629	☐ Part 2: Creditors with Nonpric	rity Unsecured Claims
Naieigii, NC 27002-0025	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
Performant Recovery Inc.	Line 2.4 of (<i>Check one</i>):	
Post Office Box 9057 Plymouth, CA 95669-0570	☐ Part 2: Creditors with Nonpric	rity Unsecured Claims
Trymount, extension core	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
U.S. Attorney General	Line 2.1 of (<i>Check one</i>):	
U.S. Department of Justice 950 Pennsylvania Ave. NW	☐ Part 2: Creditors with Nonprice	rity Unsecured Claims
Washington, DC 20530-0001		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
US Attorney's Office (MD)**	Line 2.1 of (Check one):	Unsecured Claims

Official Form 106 E/F

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Debtor 1 Curtis Silver Debtor 2 Donna Marie Ennis	t-Johnson Case number (if known)	
101 S. Edgeworth Street, 4th Greensboro, NC 27401	floor □ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
Velocity Investments LLC	Line <u>4.5</u> of (Check one): □ Part 1: Creditors with Priority Unsecured Claims	
1800 Route 34 North Suite 305 Wall, NJ 07719	■ Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal laims				
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 16,591.69
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 4,500.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 21,091.69
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
otal laims				
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 72,529.36
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 72,529.36

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Fill in this inform	nation to identify your	case:						
Debtor 1	Curtis Silver							
	First Name	Middle Name	Last Name					
Debtor 2 Donna Marie Ennist-Johnson								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA					
Case number					Charlettile San			
(II KIIOWII)					Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Oldio	211 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	- ity		Olato	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	

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Fill in this i	nformation to identify your	case:			
Debtor 1	Curtis Silver				
D. I	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Donna Marie Enn	ist-Johnson Middle Name	Last Name		
	s Bankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
Case number	۵r				
(if known)				_	Check if this is an amended filing
Official	Form 106H				
	ule H: Your Cod	ebtors			12/15
fill it out, an your name a	d number the entries in the and case number (if known)	boxes on the left. Attac . Answer every question	h the Additional Page to n.	on. If more space is needed, cop this page. On the top of any Ad	
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
2. Withi	in the last 8 vears. have vou	ı lived in a community p	roperty state or territory	? (Community property states and	<i>l territories</i> include
	, California, Idaho, Louisiana				
■ No. (Go to line 3.				
_	Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line 2 Form 1	2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make s	if your spouse is filing with you. sure you have listed the creditor GG). Use Schedule D, Schedule E	on Schedule D (Official
	Column 1: Your codebtor ame, Number, Street, City, State and Z	IP Code		Column 2: The creditor to who Check all schedules that apply	
3.1				☐ Schedule D, line	
	ame			Schedule E/F, line	
				☐ Schedule G, line	
N	umber Street			_	
C	ity	State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			Schedule E/F, line	
				☐ Schedule G, line	
N	umber Street			-	
С	ity	State	ZIP Code		

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						1			
	in this information to identify your of btor 1 Curtis Silve								
1	btor 2 Donna Mari	e Ennist-Johnson			_				
	ited States Bankruptcy Court for the	e: MIDDLE DISTRICT C	F NORTH CAROLIN	Α					
	se number nown)		-				ded filing ment showii	ng postpetition following date:	
0	fficial Form 106I					MM / DD	YYYY		
S	chedule I: Your Inc	ome							12/15
spo atta Pa	plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. The describe Employment Fill in your employment	ur spouse is not filing w On the top of any additi	ith you, do not inclu	ıde inforı	mati	on about your s	pouse. If m	ore space is	needed,
1.	information.		Debtor 1			Debto	r 2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed■ Not employed			_	ployed employed		
	employers.	Occupation	Retired			Retire	ed		
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pa	rt 2: Give Details About Mo	nthly Income							
	mate monthly income as of the cuse unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$0 in t	ne space. In	iclude your noi	n-filing
	ou or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all e	empl	oyers for that pe	son on the	lines below. If	you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.0	\$	0.00	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.0	+\$	0.00	
4.	Calculate gross Income. Add I	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Debt Debt		Curtis Silver Donna Marie Ennist-Johnson	_		Cas	e number (if known)			
						or Debtor 1	n	For Debtor 2 or non-filing spouse	
	Cop	y line 4 here	4.		\$_	0.00	\$	0.00	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	0.00	\$	0.00	0
	5b.	Mandatory contributions for retirement plans	5	b.	\$	0.00	\$	0.00	<u>)</u>
	5c.	Voluntary contributions for retirement plans	5		\$	0.00	\$		
	5d.	Required repayments of retirement fund loans		d.	\$_	0.00	\$		
	5e.	Insurance	_	е.	\$_	0.00	\$	0.00	
	5f.	Domestic support obligations	51		\$_	0.00	\$	0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5 <u>.</u>	y. h.+	\$ \$	0.00	Φ 2 ±	0.00 0.00	
c		• • ———————————————————————————————————	_						_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$		_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$	0.00	<u>)</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	٥L	monthly net income.		a.	\$_	0.00	\$		
	8b. 8c.	Interest and dividends	. 8I	o.	\$_	0.00	\$	0.00	<u>)</u>
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce			_		_		_
	0.1	settlement, and property settlement.	8		\$_	0.00	\$		
	8d. 8e.	Unemployment compensation Social Security	8	d.	\$ \$	0.00	\$ \$		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$1,821.40-\$ 29.60)			\$ __	1,791.80	\$		_
		Social Security (\$ 1,569.50-\$ 34.50)			\$	0.00	\$	1,535.00	0
	8g.	Pension or retirement income	8	g.	\$	0.00	\$		
	8h.	Other monthly income. Specify: Retirement (\$2,968.03-\$341.00)	8	h.+	\$	2,627.03	+ \$	0.00)
		Retirement (\$833.02-\$ 17.02)	_		\$_	0.00	\$	816.00	0_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	4,418.83	\$	2,351.0	00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,418.83 + \$_		2,351.00	6,769.83
11.	Incluothe Do n	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep						0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies							6,769.83
13.	Do <u>y</u>	you expect an increase or decrease within the year after you file this form No.	?						nly income
		Yes. Explain:							

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ition to identify yo	onic case.			I		
	otor 1					Choo	k if this is:	
Deb	NOI I	Curtis Silver					An amended filing	
	otor 2 ouse, if filing)	Donna Marie	Ennist-	Johnson			A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: MIDDLE	E DISTRICT OF NORTH C	AROLINA	-	MM / DD / YYYY	
	e number nown)							
		rm 106J						
		J: Your			a filinan ta mathan h	-4h		12/15
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a joir ☐ No. Go to							
	_	s Debtor 2 live i	in a separ	ate household?				
	■ N	o	•	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debi	tor 2.	
2.	Do you have	e dependents?	■ No		·			
۷.	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		enses include		No				1 103
		f people other to d your depende	han ┌	Yes				
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I: Y</i>			Your exp	enses
4.	The rental of			ses for your residence. In	nclude first mortgag	e 4. \$		0.00
	. ,	led in line 4:	. g. 5 a / 1 a 6					
						40 M		0.00
		estate taxes erty, homeowner's	s. or renter	's insurance		4a. \$ 4b. \$		0.00 0.00
	•	•		ıpkeep expenses		4c. \$		75.00
_		owner's associat				4d. \$		0.00
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

		Curtis Silver Donna Marie Ennist-Johnson	Case num	Case number (if known)				
6.	Utilities	s:						
	6a. E	Electricity, heat, natural gas	6a.	\$	200.00			
	6b. V	Vater, sewer, garbage collection	6b.	\$	100.00			
	6c. T	Felephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00			
	6d. C	Other. Specify: Cell Phone	6d.	\$	150.00			
	C	Cable Cable		\$	200.00			
	- II	nternet		\$	60.00			
7.	Food a	nd housekeeping supplies	7.	\$	715.00			
8.	Childca	are and children's education costs	8.	\$	0.00			
9.	Clothin	ng, laundry, and dry cleaning	9.	\$	158.00			
10.	Person	nal care products and services	10.	\$	73.00			
11.	Medica	al and dental expenses	11.	\$	200.00			
12.		ortation. Include gas, maintenance, bus or train fare.	4.0		400.00			
		include car payments.	12.					
		ainment, clubs, recreation, newspapers, magazines, and books	13.	·	75.00			
		able contributions and religious donations	14.	\$	0.00			
15.	Insurar	······						
		include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	100.00			
		Health insurance	15a. 15b.		100.00 350.00			
			15b. 15c.		95.00			
		/ehicle insurance Other insurance. Specify:	15d.		0.00			
16			13u.	Ψ	0.00			
	Specify	Do not include taxes deducted from your pay or included in lines 4 or 20. Personal Property Taxes ment or lease payments:	16.	\$	14.00			
17.		Car payments for Vehicle 1	17a.	\$	0.00			
		Car payments for Vehicle 2	17b.	·	0.00			
		Other Specify	17c.	·	0.00			
		Other. Specify:	— 17d. 17d.	·	0.00			
18.		ayments of alimony, maintenance, and support that you did not report as		Ψ				
		ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00			
19.		payments you make to support others who do not live with you.		\$	0.00			
	Specify	<i>"</i> .	19.					
20.		real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Y	our Income.				
		Mortgages on other property	20a.		0.00			
	20b. F	Real estate taxes	20b.	·	0.00			
	20c. F	Property, homeowner's, or renter's insurance	20c.		0.00			
	20d. N	Maintenance, repair, and upkeep expenses	20d.	\$	0.00			
	20e. H	Homeowner's association or condominium dues	20e.	*	0.00			
21.	Other:	Specify: Emergency/Miscellaneous	21.	+\$	285.00			
	Chapte	er 13 Plan Payment	<u></u>	+\$	2,262.00			
22	Coloule	ate your monthly expenses						
22.		dd lines 4 through 21.		\$	5,512.00			
		opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,312.00			
				·				
	22c. Ad	dd line 22a and 22b. The result is your monthly expenses.		\$	5,512.00			
23.	Calcula	ate your monthly net income.						
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,769.83			
	23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	5,512.00			
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$	1,257.83			
24.	For exar modifica No.	expect an increase or decrease in your expenses within the year after you mple, do you expect to finish paying for your car loan within the year or do you expect your tion to the terms of your mortgage?			crease or decrease because of a			
	☐ Yes.	Explain here:						

Fill in this information to identify your case:	
Debtor 1 Curtis Silver	
First Name Middle Name Last Name	
Debtor 2 Donna Marie Ennist-Johnson	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA	
Case number	
(if known)	☐ Check if this is an
	amended filing
Official Form 106Dec Declaration About an Individual Debtor's Schedu	ales 12/15
	12.15
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below	o to \$250,000, or imprisonment for up to 20
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptc	y forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Yes. Name of person	Declaration, and Signature (Official Form 119)
Yes. Name of person Under penalty of perjury, I declare that I have read the summary and schedules filed with this that they are true and correct.	Declaration, and Signature (Official Form 119) s declaration and
Yes. Name of person Under penalty of perjury, I declare that I have read the summary and schedules filed with this	Declaration, and Signature (Official Form 119) s declaration and mist-Johnson
Yes. Name of person Under penalty of perjury, I declare that I have read the summary and schedules filed with this that they are true and correct. X /s/ Curtis Silver X /s/ Donna Marie En	Declaration, and Signature (Official Form 119) s declaration and mist-Johnson

Fill	in this infor	mation to identify you	r case:			
Deb	otor 1	Curtis Silver				
Dak	otor O	First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Donna Marie En	Middle Name	Last Name		
Uni	ted States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
	se number _					Check if this is an amended filing
Sta Be a	s complete rmation. If n	of Financial and accurate as poss	ible. If two married people attach a separate sheet to	duals Filing for E are filing together, both are this form. On the top of an	equally responsible for s	
	<u> </u>	n). Answer every que Details About Your Ma	stion. arital Status and Where Yo	u Lived Before		
1.		r current marital state				
	■ Married Not ma	•				
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you	ived in the last 3 years. Do r	not include where you live nov	v.	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
3. state				egal equivalent in a commur evada, New Mexico, Puerto R		
	■ No □ Yes. Ma	ake sure you fill out <i>Sc</i>	hedule H: Your Codebtors (C	Official Form 106H).		
Par	t 2 Expla	in the Sources of You	r Income			
4.	Fill in the tot	al amount of income yo	u received from all jobs and	ng a business during this y all businesses, including part ve together, list it only once u	-time activities.	alendar years?
	■ No □ Yes. Fi	l in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

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Debtor 1 Debtor 2 Debtor 2 Debtor 2 Donna Marie Ennist-Johnson						Case	Case number (if known)				
Inclu and	ude in other	come re	gardle enefit	ess of wheth payments;	e during this year or the er that income is taxable. pensions; rental income; in e and you have income the	Examples on terest; divide	of <i>other income</i> are a dends; money collec	ted from lawsuits;	royalties; a		
List	each	source	and th	e gross inco	me from each source sep	arately. Do	not include income th	nat you listed in lin	e 4.		
	No					-		-			
		Fill in th	ne det	ails							
	100.		10 400	ao.							
					Debtor 1 Sources of income Describe below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of incomposition Describe below.		Gross income (before deductions and exclusions)	
From January 1 of current year unti the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2019)			Social Security		\$21,856.80	Social Securi	ty	\$18,834.00			
					Pension		\$35,616.36	Pension		\$9,996.24	
				1, 2019)	Social Security		\$21,504.00	Social Securi	ty	\$17,496.00	
					Pension		\$35,616.36	Pension		\$9,996.24	
For the (Januar				ore that: 1, 2018)	Social Security		\$21,504.00	Social Securi	ty	\$17,496.00	
					Pension		\$35,616.36	Pension		\$9,996.24	
Part 3:	Lis	t Certai	n Pay	ments You	Made Before You Filed f	or Bankrup	otcy				
6. Are □	eithe No.	Neith	er Del	otor 1 nor D	s debts primarily consurebtor 2 has primarily copersonal, family, or house	nsumer de	bts. Consumer debts	s are defined in 11	U.S.C. § ⁻	101(8) as "incurred by an	
		During	•	0 days befo Go to line 7	re you filed for bankruptcy	, did you pa	ay any creditor a tota	l of \$6,825* or mor	re?		
		ΠY	es	paid that cre	each creditor to whom you editor. Do not include payr	ments for do	mestic support oblig				
		* Sub	ject to		payments to an attorney for on 4/01/22 and every 3 y			or after the date of	f adjustme	ent.	
-	Yes.				r both have primarily cor re you filed for bankruptcy			I of \$600 or more?			
			lo.	Go to line 7							
		□ Y	es	include pay	each creditor to whom you ments for domestic suppo this bankruptcy case.						
Cre	editor	's Nam	e and	Address	Dates of pay	ment	Total amount	Amount you	Was this	s payment for	

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	btor 1 btor 2	Curtis Silver Donna Marie Ennist-Johnson			Cas	se number (f known)		
7.	Inside of wh	n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artne	rs; relatives of any gene rol, or owner of 20% or	eral partners; partners of their votin	erships of w g securities	hich you and an	u are a genera y managing a	al partner; corporations gent, including one for
	■ No □ Yes. List all payments to an insider.								
	_	der's Name and Address	Da	ates of payment	Total amount	Amount	you	Reason for	this payment
3.	insid	n 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos	-		paid ments or transfer a			count of a d	ebt that benefited an
	= 1	No							
		Yes. List all payments to an insider							
	Insid	der's Name and Address	Da	ates of payment	Total amount paid	Amount still	you owe	Reason for Include cred	this payment litor's name
Pa	rt 4:	Identify Legal Actions, Repossession	ns, a	nd Foreclosures					
9.	List a modif	n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.							
		e title e number	Na	ture of the case	Court or agency	,		Status of th	e case
10.		n 1 year before you filed for bankrupt k all that apply and fill in the details belo		as any of your prope	rty repossessed, f	foreclosed,	garnis	hed, attached	d, seized, or levied?
	_	No. Go to line 11.							
		Yes. Fill in the information below.	De	escribe the Property			Date		Value of the
				plain what happened					property
11.	acco	n 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details.			uding a bank or fi	nancial ins	titution	set off any a	mounts from your
		litor Name and Address	De	escribe the action the	Date a	ection was	Amount		
12.		n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a			rty in the possess	sion of an a		for the bene	efit of creditors, a
		No							
		Yes							
Pa	rt 5:	List Certain Gifts and Contributions							
13.	= 1	n 2 years before you filed for bankru p No	otcy,	did you give any gifts	with a total value	of more th	an \$600) per person'	?
		Yes. Fill in the details for each gift.							
		s with a total value of more than \$600 person		Describe the gifts			Dates the gi	you gave fts	Value
		on to Whom You Gave the Gift and ress:							

Debtor Debtor		ı	Ca	se number (if known)	
				`	, <u> </u>	
=	No		did you give any gifts or contributions	with a total	value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or	contribu	ution.			
m	ifts or contributions to charities that nore than \$600 harity's Name	total	Describe what you contributed		Dates you contributed	Value
	ddress (Number, Street, City, State and ZIP Coo	de)				
Part 6:	List Certain Losses					
	ithin 1 year before you filed for bankro gambling?	uptcy o	r since you filed for bankruptcy, did yo	u lose anyti	hing because of thef	t, fire, other disaster
■□	No Yes. Fill in the details.					
_					5	
	escribe the property you lost and ow the loss occurred	Includ	ribe any insurance coverage for the los de the amount that insurance has paid. Lis ance claims on line 33 of <i>Schedule A/B: P</i> .	st pending	Date of your loss	Value of property lost
Port 7	List Certain Payments or Transfer					
Part 7:	List Certain Payments or Transfer	8				
co	nsulted about seeking bankruptcy or	prepar	did you or anyone else acting on your b ing a bankruptcy petition? ers, or credit counseling agencies for servi			ty to anyone you
П	No					
	Yes. Fill in the details.					
_			5		5.	
A E	erson Who Was Paid ddress mail or website address erson Who Made the Payment, if Not	Υου	Description and value of any proper transferred	Date payment or transfer was made	Amount of payment	
	he Law Offices of John T. Orcutt,		PACER Fee: \$10.00	11/25/2020	\$378.00	
6 R	616-203 Six Forks Road aleigh, NC 27615 ostlegal@johnorcutt.com	. •	Credit Report Cost: \$10.00 Judgment Search Cost: \$10.00 Filing Fee: \$313.00			Q 0.000
_	ECAF		Credit Counseling		12/2020	\$15.00
1	12 Goliad Street enbrook, TX 76126-2009		Great Godinsening		12/2020	Ψ13.00
pr		ditors	did you or anyone else acting on your book to make payments to your creditors? sted on line 16.		r transfer any proper	ty to anyone who
	Yes. Fill in the details.					
_	erson Who Was Paid		Description and value of any proper	41.	Date payment	Amount of
	ddress		transferred	ty	or transfer was made	payment
tra Ind	ensferred in the ordinary course of yo	ur busi rs made	as security (such as the granting of a sec			
P	erson Who Received Transfer ddress		Description and value of property transferred	payments	any property or received or debts	Date transfer was made
D	erson's relationship to you			paid in exc	change	

Del	otor 2	Donna Marie Ennist-Johnson			Case num	nber (if known)	
19.	benefi	n 10 years before you filed for bankrup iciary? (These are often called asset-pro lo 'es. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a
		e of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made
Pai	rt 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and St	orage Unit	ts	
20.	sold, i Includ house	n 1 year before you filed for bankruptcy moved, or transferred? le checking, savings, money market, o ss, pension funds, cooperatives, assoc	r other financial accour	nts; certificates	s of deposi		
	_	lo 'es. Fill in the details.					
		e of Financial Institution and ess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accordinstrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	cash,	u now have, or did you have within 1 y or other valuables?	ear before you filed for	bankruptcy, a	ny safe de _l	posit box or other depos	itory for securities,
	Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)						Do you still have it?
22.	■ N	you stored property in a storage unit o lo 'es. Fill in the details.	or place other than your	home within 1	year befor	re you filed for bankrupt	cy?
		e of Storage Facility ess (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Pai	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.		u hold or control any property that sor meone.	meone else owns? Inclu	ıde any proper	ty you bor	rowed from, are storing	for, or hold in trust
		lo 'es. Fill in the details.					
		er's Name ess (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Pa	rt 10:	Give Details About Environmental Info	ormation				
For	the pu	rpose of Part 10, the following definition	ons apply:				
	toxic	onmental law means any federal, state, substances, wastes, or material into th ations controlling the cleanup of these	ne air, land, soil, surface	water, ground			
	Site m	neans any location, facility, or property n, operate, or utilize it, including dispo	as defined under any e		law, wheth	er you now own, operate	e, or utilize it or used
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic s hazardous material, pollutant, contaminant, or similar term.					c substance,		

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Curtis Silver

Debtor 1 Debtor 2

Deb	otor 2 Donna Marie Ennist-Johnson		Case number (if known)								
24.	24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environme										
	Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
25.	Have you notified any governmental unit of any	release of hazardous material?									
	No										
	Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
26.	Have you been a party in any judicial or adminis	strative proceeding under any enviro	onmental law? Include settlements a	and orders.							
	■ No										
	Yes. Fill in the details.										
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case							
Par	111: Give Details About Your Business or Con	nnections to Any Business									
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	of the following connections to any	/ business?							
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)										
	☐ A partner in a partnership	(LEO) of minica hability partitorship	(221)								
	☐ An officer, director, or managing execut	tive of a corporation									
	_	·									
	☐ An owner of at least 5% of the voting or	equity securities of a corporation									
	No. None of the above applies. Go to Part	12.									
	Yes. Check all that apply above and fill in t										
	Business Name De Address	escribe the nature of the business	Employer Identification number Do not include Social Security								
	(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed										
28.	Within 2 years before you filed for bankruptcy, of institutions, creditors, or other parties.	did you give a financial statement to		ude all financial							
	No										
	Yes. Fill in the details below.	4-11									
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued									

Debtor 1 Curtis Silver

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Debtor Debtor				Case number (if known)
Part 12	2: Sign Below			
are true with a l		atement,	, concealing property,	nd I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection 0 years, or both.
/s/ Cu	rtis Silver	/s/ Do	nna Marie Ennist-Jo	ohnson
Curtis	Silver	Donna	a Marie Ennist-Johr	nson
Signat	ture of Debtor 1	Signat	ture of Debtor 2	
Date	December 28, 2020	Date	December 28, 202	0
Did you	attach additional pages to Your Statement of Fi	nancial A	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you	u pay or agree to pay someone who is not an atto	rney to I	help you fill out bankr	uptcy forms?
■ No				
☐ Yes.	Name of Person Attach the Bankruptcy Pet	ition Prep	parer's Notice, Declarat	ion, and Signature (Official Form 119).

Fill in this inforr	Fill in this information to identify your case:					
Debtor 1	Curtis Silver					
Debtor 2 (Spouse, if filing)	Donna Marie Ennist-	Johnson				
United States E	Bankruptcy Court for the:	Middle District of North Carolina				
Case number						

Check	Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Column Debtor 1		Column Debtor non-fili	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and co	mmissi	ons (before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not include Column B is filled in. 	de payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Do not include payments from a spo you listed on line 3.	rt. Includ	le regula: depende	contributions nts, parents,	\$	0.00	\$	0.00
 Net income from operating a business, profession, or farm 	Debtor	1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or fa	arm \$_	0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property	Debtor	1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$_	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Total average monthly income Copy your total average monthly income from line 11. \$ 3,801.05 Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.					Colui Debt			or 2 or	
Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, personating, pay amount, or allowance paid by the received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, personating, or allowance paid by the received any retired pays and under stepater 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of till to 0 their than chapter 61 of that that pay only to the extent that it does not exceed the amount of retired pays to which you would otherwise be entitled if retired under any provision of till to 0 their than chapter 61 of that the sources and amount. Do not include any provision of till of 10 their than chapter 61 of that the pay only to the extent that it does not exceed the amount of retired pays to which you would otherwise be entitled if retired under any provision of till of 10 their than chapter 61 of that the pays of the source and amount. Do not include any provision of till of 10 their than chapter 61 of that the pays of the president under the National Emergencies Act (50 U.S. 1601 of 15 each, with respect to the cornovarius disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humany, or international of the sources on a separate page and put the total below. S 0.00 \$ 0.00 S 0.00 \$ 0.00 S 0.00 \$ 0.00 S 0.00 \$ 0.00 Total amounts from separate pages, if any. S 0.00 \$ 0.00 S 0.00 \$ 0.00 S 0.00 \$ 0.00 S 0.00 \$ 0.00 Total amounts from separate pages, if any. Pour armorting and your spouse is not filing with you. Fill in 0 below. You are married and					Φ.	0	•		
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Person or retrement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, personatiny, or allowance paid by the United States Government in connection with a disability, or dearbor of the uniformed services. If you received any retired pay be which you would otherwise be entitled if retired under rany provision of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under that one to the services. If you received any extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any benefits received under the Social Security Act; payments made under the Paderal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the cornavirus disease 2019 (COVID-19); payments received as a victim of a war compensation, pension, pay, amount, or allowance paid by the United Social Security Act; payments made under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the cornavirus disease 2019 (COVID-19); payments received as a victim of a war compensation, pension, pay, amount, or allowance paid by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the cornavirus disease 2019 (COVID-19); payments received as a victim of a war compensation, pension, pay, amount, or allowance paid by the President and pensions pay, amount, or allowance paid by the President and pensions pay, amount, or allowance payments and pensions pay, and a					· —				
For your spouse \$ 0.00 Person or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any repeating the provided of the provided of the provided and the provided of the provid	Do not e	enter the amount if you contend the		s a benefit unde	· —		<u>.υυ</u> Ψ	0.00	
Persion or retirement income. Do not include any amount received that was a benefit under the Social Socurity Act. Also, except as stated in the next sentence, do not include any compensation, persion, pay, amoulty, or allowance paid by the control that the con		•		0.00					
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, amurity, or allowance paid by the United States Government in connection with a disability, combart-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of till 61, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of till 61 of their than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the source and amount. Income from all other sources not listed above. Specify the second of the vicine of the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pension, pay, amunity, or allowance paid by the United States Government in connection with a disability, combart-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total for Column A to the total for Column B. In total average monthly income from line 11. Source and the provided prov	•	our spouse	\$						
Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus diseases 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, persion, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2. Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. \$ 3,801.05 Total average monthly income from line 11. \$ 3,801.05 You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ 0.00 Your current monthly income. Subtract line 13 from line 12.	Pension benefit unot included United States disability pay paid does no	n or retirement income. Do not in under the Social Security Act. Also ude any compensation, pension, postates Government in connection y, or death of a member of the undunder chapter 61 of title 10, the part exceed the amount of retired parts.	nclude any amount receive o, except as stated in the n pay, annuity, or allowance p with a disability, combat-re iformed services. If you rec n include that pay only to the ty to which you would other	ext sentence, do paid by the lated injury or reived any retired to extent that it wise be entitled	I	2,968	.03 \$	833.02	
Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is not filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total \$ 0.00 Copy here=> 0.	Do not i under th under th coronav crime, a compen Governri death of	include any benefits received und ne Federal law relating to the nation ne National Emergencies Act (50 virus disease 2019 (COVID-19); pa a crime against humanity, or interrosation, pension, pay, annuity, or a ment in connection with a disabilit f a member of the uniformed serv	er the Social Security Act; ponal emergency declared by U.S.C. 1601 et seq.) with reayments received as a victinational or domestic terrorisallowance paid by the Unitery, combat-related injury or	payments made y the President espect to the im of a war em; or ed States disability, or					
Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. S 3,801.05 Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Your current monthly income. Subtract line 13 from line 12.					\$	0	.00 \$	0.00	
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S	☐ Yo Fill de _l Be adj	ou are married and your spouse is I in the amount of the income liste pendents, such as payment of the elow, specify the basis for excludir justments on a separate page.	not filing with you. I in line 11, Column B, that e spouse's tax liability or the ng this income and the amo	t was NOT regula e spouse's suppo	ort of so	meone oth	er than you o	or your depend	dents.
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Total \$ 0.00 Copy here=> - 0.00 Your current monthly income. Subtract line 13 from line 12.									
Your current monthly income. Subtract line 13 from line 12. \$ 3,801.05							_		
Total cultural monthly module: cubitativi mic 12.		Total		\$		0.00	Copy here=	»	0.
Calculate your current monthly income for the year. Follow these steps:							_		
	Your	current monthly income. Subtra	act line 13 from line 12.					\$	3,801.05

Curtis Silver

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Debtor 1 Debtor 2	Curtis Silver Donna Marie Ennist-Johnson	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	5b. The result is your current monthly income for the year for this part of the form.		\$45,612.60_

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ebt	or 2	Donr	na Marie Ennist-Johnson		Case number (if known)		
16	. Calo	culate t	the median family income that applies to y	you. Follow these s	teps:		
	16a	. Fill in	the state in which you live.	NC	_		
	16h	Fill in	the number of people in your household.	2			
			the median family income for your state and		=	¢.	66,044.00
	100.	To fin	d a list of applicable median income amounts	s, go online using th		Φ_	
17	Ном		ctions for this form. This list may also be avai e lines compare?	ilable at the bankru	ptcy clerk's office.		
.,	17a	_	Line 15b is less than or equal to line 16c. C	On the top of page 1	of this form, check box 1. Disposable in	ncome is no	t determined under
			11 U.S.C. § 1325(b)(3). Go to Part 3. Do N		•		
	17b	. 🗆	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a	ulation of Your Dis			
ar	t 3:	Cald	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
8.	Сор	y your	total average monthly income from line 1	1.		\$	3,801.05
9.	cont	tend tha	e marital adjustment if it applies. If you are at calculating the commitment period under 1 come, copy the amount from line 13.				
	•		marital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b.	. Subtr	act line 19a from line 18.			\$_	3,801.05
0.	Cald	culate	your current monthly income for the year.	Follow these step	s:		
	20a	. Сору	line 19b			\$_	3,801.05
		Multip	ly by 12 (the number of months in a year).				x 12
	20b	. The re	esult is your current monthly income for the y	ear for this part of t	he form	\$_	45,612.60
	20c.	. Сору	the median family income for your state and	size of household f	rom line 16c	\$_	66,044.00
	21.	How	do the lines compare?				
			ine 20b is less than line 20c. Unless otherwine in a years. Go to Part 4.	se ordered by the c	court, on the top of page 1 of this form, ch	neck box 3,	The commitment
			ine 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise orde	ered by the court, on the top of page 1 of	this form,	check box 4, The
ar	t 4: By s	_	n Below here, under penalty of perjury I declare that t	the information on t	his statement and in any attachments is	true and co	rrect.
>	(/s/	/ Curti	s Silver	X	/s/ Donna Marie Ennist-Johnson	1	
		urtis S	ilver of Debtor 1		Donna Marie Ennist-Johnson Signature of Debtor 2		
	•		ember 28, 2020		Date December 28, 2020		
		MM .	DD / YYYY		MM / DD / YYYY		
	•		ked 17a, do NOT fill out or file Form 122C-2.		Dot that farm arms		an Para did a
	IT VO	III Chec	ked 17b_fill out Form 122C-2 and file it with t	inis torm (In line 39	A OF THAT TORM CONVIVOUR CURRENT MONTHLY	income tro	m line 1/L ahove

Curtis Silver

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,738

\$1,167 filing fee \$571 administrative fee

total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy CourtMiddle District of North Carolina

In		Curtis Silver Donna Marie	Ennis	st-Johnson				Case No.	
						Debte	or(s)	Chapter	13
		DIS	SCLO	OSURE OF	COMPEN	SATION (F ATTORN	EY FOR D	EBTOR(S)
1.	comp	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that apensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to endered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	I	For legal services, I have agreed to accept				\$	4,500.00		
								\$	0.00
								\$	4,500.00
2.	\$ <u> </u>	.00 of the fi	ling fe	e has been paid.					
3.	The s	source of the co	mpens	sation paid to me	was:				
	ı	Debtor		Other (specify)	:				
4.	The s	ource of comp	ensatio	on to be paid to n	ne is:				
	ı	Debtor		Other (specify)	:				
5.	■ I	have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.							
			have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A py of the agreement, together with a list of the names of the people sharing in the compensation is attached.						
6.	In ret	urn for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	b. Pr c. Re	nalysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; eparation and filing of any petition, schedules, statement of affairs and plan which may be required; expresentation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; other provisions as needed]							
									in attorney/client fee contract y for assistance at 341
7.	Ву ад	Represer	itation	of the debtor	s in any disc	chargeability		om stay actio	ns or any other adversary d by Bankruptcy Court local
		each, Jud Class Ce	lgmer rtifica	nt Search: \$10 tion: Usually \$	each, Credit 15 per client	Counseling t, Use of com	Certification: Usputers for Cred	sually \$15 per it Counseling	er case, Credit Reports: \$10 client, Financial Management briefing or Financial counseling briefing: \$75 per

session.

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In re	Curtis Silver Donna Marie Ennist-Johnson			
		Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

(Continuation Sheet)					
CERTIFICATION					
I certify that the foregoing is a complete statemen this bankruptcy proceeding.	t of any agreement or arrangement for payment to me for representation of the debtor(s) in				
December 28, 2020 Date	Isl Koury L. Hicks for LOJTO Koury L. Hicks for LOJTO 36204 Signature of Attorney The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 (919) 847-9750 Fax: (919) 847-3439 postlegal@johnorcutt.com Name of law firm				

United States Bankruptcy Court Middle District of North Carolina

	Curtis Silver		G. N		
In re	Donna Marie Ennist-Johnson	Debtor(s)	Case No. Chapter	13	
The ab		IFICATION OF CREDITOR M		of their knowledge	
Date:	December 28, 2020	/s/ Curtis Silver			
		Curtis Silver			
		Signature of Debtor			
Date:	December 28, 2020	/s/ Donna Marie Ennist-Johnson			
		Donna Marie Ennist-Johnson			

Signature of Debtor

Alamance Eye Center 1016 Kirkpatrick Road Burlington, NC 27215

American Express Post Office Box 981537 El Paso, TX 79998-1537

Ashbury Owners Association, Inc. C/o Brian Wessler 812 Salem Woods Drive Raleigh, NC 27615

Brownlee Whitlow & Praet 4020 WestChase Blvd. Suite 530 Raleigh, NC 27607

Coastal Federal Credit Union***
Post Office Box 58429
Raleigh, NC 27658

Consumer Portfolio Services, Inc. 19500 Jamboree Road Suite 500 Irvine, CA 92612

Country Door 1112 7th Avenue Monroe, WI 53566-1364

CU Recovery, Inc. 26263 Forest Boulevard Wyoming, MN 55092-8033

Discover Card P.O. Box 71084 Charlotte, NC 28272

DNF Associates 2351 N Forest Road Ste 110 Getzville, NY 14068 Duke University Health System Post Office Box 70841 Charlotte, NC 28272-0841

FIA Card Services, NA c/o Sessoms & Rogers, PA Post Office Box 110564 Durham, NC 27709

Ford Motor Credit Company**
Post Office Box 55000
Drawer 55-953
Detroit, MI 48255-0953

Ginny's***
c/o Creditors Bankruptcy Service
Post Office Box 740933
Dallas, TX 75374-0933

Internal Revenue Service (MD) **
Post Office Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service (MD) **
Post Office Box 7346
Philadelphia, PA 19101-7346

Jared***
The Galleria of Jewelry
Post Office Box 3680
Akron, OH 44309-3680

JD Receivables
Post Office Box 382656
Germantown, TN 38183

Law Offices of John T. Orcutt 6616-203 Six Forks Road Raleigh, NC 27615

NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629 North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168

Orange County EMS - Ambulance Service PO Box 863 Lewisville, NC 27023-0863

Performant Recovery Inc. Post Office Box 9057 Plymouth, CA 95669-0570

Seventh Avenue***
c/o Creditors Bankruptcy Service
Post Office Box 740933
Dallas, TX 75374-0933

Smith Debnam Narron Drake Saintsing & Myers, LLP****
Post Office Box 176010
Raleigh, NC 27619-6010

SN Servicing Corporation**
Attn: Officer
13702 Coursey Blvd, Bldg 2
Baton Rouge, LA 70817

State of New York Department of Taxatio 90 Cohoes Ave Troy, NY 12183

Truliant Federal Credit Union Attn: Managing Agent Post Office Box 26000 Winston Salem, NC 27114

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001 US Attorney's Office (MD)**
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

US Attorney's Office (MD)**
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

Velocity Investments LLC 1800 Route 34 North Suite 305 Wall, NJ 07719

Verizon Wireless Bankruptcy Admin.* 500 Technology Drive, Suite 550 Weldon Spring, MO 63304